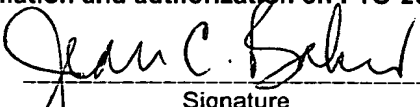
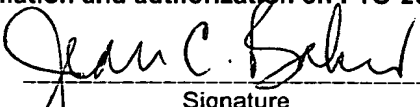
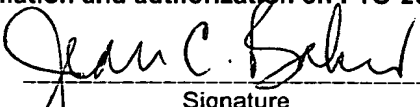




5-03

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|----------|--|--------------------|------------------|---|--|----------|--|------------------------------|----------|--|--|----------|---------------------|--|------|-----------|---------------------|----------------------|------------------|-----------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 960296.95700 | | | | | | | | | | | | | | | | | | | | | | | | |
| In re Application of Hector F. DeLuca | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Number 09/769,579 | | Filed 1/25/01 | | | | | | | | | | | | | | | | | | | | | | | | |
| For METHOD OF TREATMENT OF TYPE I DIABETES | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit 1617 | | Examiner S. Sharareh | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td></td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>MAY 26 2004</td><td>\$ 420.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td></td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>TECH CENTER 1800/2900</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td></td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>17-0055</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table><tr><td><u>May 18, 2004</u></td><td></td></tr><tr><td>Date</td><td>Signature</td></tr><tr><td><u>414-277-5709</u></td><td><u>Jean C. Baker</u></td></tr><tr><td>Telephone Number</td><td>Typed or printed name</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> | | | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | MAY 26 2004 | \$ 420.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | TECH CENTER 1800/2900 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | | \$ _____ | <u>May 18, 2004</u> |  | Date | Signature | <u>414-277-5709</u> | <u>Jean C. Baker</u> | Telephone Number | Typed or printed name |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | MAY 26 2004 | \$ 420.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | TECH CENTER 1800/2900 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>May 18, 2004</u> |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | Signature | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>414-277-5709</u> | <u>Jean C. Baker</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number | Typed or printed name | | | | | | | | | | | | | | | | | | | | | | | | | |

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case.

05/24/2004 33IRETA1 00000029 170055 09769579

01 FC:2252 210.00 DA

5579388_1.PDF